

中西医结合二步治疗大肝癌的临床观察

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摘要 探讨原发性大肝癌二步切除的新途径,第一步将放疗技术改良为全肝移动条野照射、缩野技术和分段放疗,放射总量达 50~60Gy,并结合健脾理气中医疗法,第二步放疗后 3~4 周时行手术治疗。结果 10 例肝癌经术前放疗加中药治疗后,肿瘤最大径由 11~15cm 缩小为 6~8cm,其中 CT 示肝门淋巴结转移灶 2cm、癌旁多个卫星灶 1~3cm 者各 1 例,放疗后病灶消失;1 例 AFP 转阴者病理仍发现存活的癌细胞。无手术死亡者,未见术后严重并发症。

主题词 肝肿瘤/中西医结合疗法

原发性肝癌以早期手术为首选,然而临床上大多数肝癌病人已失去手术切除机会。因此,使肝癌缩小以重新获得切除的机会,是目前研究的热点之一^[1],1987 年 6 月~1997 年 12 月,笔者为 10 例巨大肝癌患者做以放射治疗为主的中西医结合治疗,肿瘤缩小后施行了肝癌二步切除,远期随访效果良好,现报告如下。

1 观察对象

(1)患者身体一般情况较好(Karnofsky 评分>70 分);(2)肝功能基本正常;(3)无黄疸、腹水和严重肝硬化;(4)肿瘤局限于肝内,无远处转移的Ⅱ期患者;(5)放疗后影像学示肿瘤明显缩小,无切除技术困难者;(6)患者及家属同意接受手术者。

2 临床资料

本组 10 例中,男性 8 例,女性 2 例。年龄 24~49 岁。肿瘤最大径 11~15cm,位于肝右叶 9 例,肝左叶 1 例。放疗前肝功能正常或轻度异常,乙肝表面抗原阳性者 9 例,AFP604~1608μg/L 者 8 例,20μg/L 以下者 2 例。

3 治疗方法

放疗疗法采用⁶⁰钴全肝移动条野照射,前后各移动 1~2 轮,mTD18~35Gy,休息 2 周左

右,再行 B 超定位缩野,对准靶区继续照射至总量 50~60Gy。放射过程中,辅以健脾理气为主中药治疗:口服枳实消痞汤(党参 15g,白术 10g,茯苓 10g,甘草 10g,枳实 10~20g,厚朴 10~20g,陈皮 10g,青皮 10g,法夏 15g,神曲 10g)加减,15~20 天后改为服香砂六君子汤加减半年以上;近 3 年来加用或改用肝复乐片(湖南冷水江制药厂,薄膜衣片),每次 6 片,每天 3 次持续半年以上。放疗结束后 2~3 周时复查肝肾功能、B 超、CT 或 MRI 等,3~4 周时施行二步手术切除。

4 治疗结果

CT 或 MRI 显示全组病例放疗后肿瘤体积均有缩小且超过 50%,平均最大径由 11~15cm 缩小至 6~8cm。其中肝门淋巴结转移灶 2cm 及癌旁多个卫星灶 1~3cm 者各 1 例,经放疗后 CT 复查均显示转移灶消失。8 例 AFP 升高者治疗后滴度均降低 50%以上,其中 1 例转阴。术中所见:术中探查,1 例无肝硬变,余 9 例均有程度不等的肝硬变。2 例肿瘤位于Ⅶ、Ⅷ段,与膈肌粘连较紧密,另 8 例与周围组织仅有轻度粘连,易分离。手术方式:右半肝切除 1 例,肝段切除 9 例。术后无再出血、膈下脓肿、胆瘘或肝衰等严重并发症。

病理所见:肿瘤组织呈大片坏死并有明显的纤维化,伴纤维包膜形成,但均见残癌细胞。

随访:肝切除术后 6 个月左右肝癌复发死亡 2 例,生存 1 年 8 例,3 年 5 例,5 年 3 例,7 年 2 例,10 年 1 例。

5 讨论

肝癌的临床研究在过去几十年中已取得了一定进展,进入 90 年代,临床热点仍然围绕如何将大肝癌变为小肝癌,从而使更多不能切除的肝癌变为可切除,使不治变为可治^[1]。

以往学者多认为,肝癌对放射线不敏感,据

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报道,全肝照射 $>35\text{Gy}$,易致放射性肝炎,其发生率高达 48%,而规定全肝放射最大耐受量为 25~30Gy,且其疗效欠佳,因此在国外,特别是欧美国家基本放弃了肝癌的外放射治疗^[2~4]。相反东亚肝癌高发区,却对外照射在肝癌治疗中的地位有不同看法^[5~8]。高林瑞等首先报道,主要采用移动条照射技术治疗中晚期肝癌,1 年生存率为 32%。日本学者 Ohto 等报道 15 例肝癌直径 3~5cm,放疗后 3 年生存率为 46%。本组 10 例放疗结合中药治疗后,肿瘤直径由 11~15cm 缩小至 6~8cm 而获二步切除,术中见肝癌病灶周边均有明显的纤维包膜形成,使得手术切除的界限更清楚,有利于手术保留更多的正常肝脏,利于术后的康复。所以,放射结合中药治疗大肝癌,能最大限度地消灭瘤旁的卫星病灶,使部分肿瘤缩小后二步切除,为原先难以切除的肝癌创造了可切除的新途径。

枳实消痞汤、香砂六君子汤或肝复乐虽然组方有差异,但均属健脾理气为主的中药。肝复乐系抗肝癌新药,由党参、白术、鳖甲、沉香、黄芪、柴胡、重楼等 21 味药组成。用来配合放疗,可减轻放疗的副作用,改善肝功能,提高免疫功能,有抑癌作用和放射增敏作用,放疗结合中药确能增加疗效,可提高肝脏的放射耐受量至 50~60Gy,得到临床与实验研究证实^[8~10]。肝复

乐无明显副作用,可长期服用,免除长期煎药的麻烦,深受患者的欢迎。随着中西医结合肝癌二步治疗的开展,使得肝癌放射疗法进一步完善,从而可提高中晚期肝癌的治疗效果。

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剖宫产术后失血偏头痛 1 例治验

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叶某某,27 岁,住院号 0096。患者因过期待产,头盆不称,于 1997 年 1 月 3 日入院。1 月 4 日上午 10 时在硬膜外麻醉下行剖宫产术,取一女婴,阴道先后出血约 800ml,产科及时予以输血、补液,静滴催产素等抢救,出血渐止。然至术后第 4 日,患者头部左侧开始抽痛,且日见加剧,至 1 月 10 日,在妇产科邀请下会诊。刻诊:患者自诉左侧头部抽痛剧烈,伴畏光、目胀、恶心,心慌时作,不思纳谷,口淡不渴,二便尚调,舌淡苔薄,脉沉细弦。拟方:生熟地各 20g,当归 15g,川芎 15g,

赤白芍各 15g,鸡血藤 30g,阿胶 20g(烔化),钩藤 25g(后下),天麻 10g,菊花 10g,桑叶 10g,生石决明 20g(先煎),枸杞子 12g,白蒺藜 30g,丹皮 15g。每日 1 剂,水煎分 3 次服。药服 1 剂,头痛减半,3 剂服后,病即霍然。

按:本例左侧偏头痛乃继发于术后失血过多。因肝藏血,体阴用阳,失血之后,肝血骤虚,则阴不敛阳,以致肝阳上逆而发为偏头痛。虽经输血,然肝阴肝血不易骤生,肝阴不足,肝之阴阳失调,上逆之肝阳不得下潜,故头痛不止反加重。治从滋阴养血,平肝止痛入手,以四物汤加鸡血藤、阿胶以养肝血,石决明、天麻、菊花、桑叶平抑肝阳,枸杞子、丹皮、白蒺藜以滋阴柔肝,重用钩藤止痛,天麻熄风,使肝阳得潜,头痛乃止。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation of Hydrothorax in Lung Cancer Patients Treated by Closed Drainage Concerted with Injection of Herba Prunellae: Report of 26 Cases

Zhou Rongyao, Wu Liying, Xu Zhongwei et al

Fifty two hospitalized cases of bronchial lung carcinoma with moderate or massive hydrothorax were randomly divided into 2 groups, the treatment group and control group. The former was treated by slender catheter for closed drainage and intrathoracic injection of Herba Prunellae or chemicals. The effective rate was 85%, average time for remission was 7 months, and the rate of toxic and side effect was 0—12%. In the control group, the rates were 46%, 1.5 month and 4—35% respectively, the difference between the two groups being significant ($P < 0.05$ or 0.01). The study is demonstrated that this therapy is rather satisfactory for bronchial lung carcinoma.

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Key words: Tumor of lung/TCM therapy hydrothorax/TCM therapy Herba Prunellae/therapeutic application

(Original article on page 662)

Massive Liver Cancer Treated by Integrated Traditional Chinese and Western Medicine in Two Steps

Zheng Zuoshen, Chen Xuezhong, Huang Yan et al.

In order to probe the new approach of two—step excision of massive liver carcinoma. For the 1st step, the chemotherapy was modified as whole liver moving strip—field radiation, miniature technique and segmental chemotherapy, with a total radio amount of 50—60 G was applied, added with TCM therapy for strengthening the spleen. 3—4 weeks after the 1st step, the 2nd step began for operation. In 10 cases of liver cancer receiving pre—operative chemotherapy plus Chinese medicine the maximal diameter of the mass shrank from 11—15 cm to 6—8 cm, with a 2—cm focus at the portal lymph nodes under CT exam, and some satellite focus at the portal lymph nodes under CT exam, and some satellite foci 1—3 cm, each 1 case. After chemotherapy the lesion disappeared. Another negative AFP case was found to have survival

cancer—cells. There were no fatal case due to operation and severe postoperative complications.

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Key words: Liver tumor/integrated medical therapy

(Original article on page 668)

Study on Indices for Laboratory Diagnosis in Syndrome of Hyperactivity of liver—yang

Hu Suiyu, Jin Yiqiang, Zhang Xiang et al.

By adopting the method of different disease of a same syndrome, different syndromes of a same disease, and correlative syndromes as control, indices of contents of serum noradrenalin (NE), adrenaline (E), average blood circulatory velocity (Vm) of middle cerebral artery (MCA), and velocity of blood flow at systolic peak (Vs) were selected for studying the syndrome of hyperactivity of liver—yang. Results revealed that the values of all 4 indices were higher than those of normal person and groups of asthenic syndrome of liver and kidney yin, and deficient—Qi—static—blood syndrome. MCA—Vm, Vs values were markedly higher than those in flaring—up of liver fire syndrome, syndrome of evil wind transformed from liver yang. Comparison of 4 indices between hyperactivity of liver yang due to hypertension, and different syndromes of the same disease (including flaring—up of liver fire, yin—deficiency of liver—kidney) showed that, in the hyperactivity of liver yang syndrome, the serum NE, E were all markedly higher than syndrome of deficiency yin of liver—kidney; while MCA—Vm, Vs were markedly higher than that of the syndrome of flaring—up of liver fire and yin—deficiency of liver—kidney. In hyperactivity of liver—yang syndrome, there was a positive correlation NE and E, MCA—Vm and Vs, NE and Vs, demonstrating that the 4 indices can be served as a comprehensive index for diagnosis of hyperactivity of liver yang syndrome.

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Key words: hyperactivity of liver—yang/diagnosis

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